Under the Paperwork R	eduction Act of 189	6, no pers	ons ers eno	quired to resp	12.11		rragement Q nabramation un	for use th ffice; U.S less it dis	rough 7/31/2008.	TOYSBIOS (124 OMB 0651-00 OF COMMERS
PATEN	II. APPLICA	TON FE	EE DF1	EKMINA	Ю	NRECORD No December		1400	1760	704
APPLICATION AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY			OTHER THAN SMALL ENTITY	
FOR	HUNDER FLED		NUMBER EXTRA			RATE (1)	FEE (I)	7 ·	RATE (1)	
Basic fee (7) CFR 1.16(1), (1), 41 (1))	N/A			N/A		NA	150.00	7	N/A	300.00
BEARCH FEE (3) CFR 1 16(4, (), or (H))	· NA	NA /		N/A.		- N/A	\$250	7	NA.	\$500
EXAMINATION FEE (3) CFR. 1.18(d), (p), = (q))	. NA			NA	7	N/A	\$100	1	NIA	\$200
TOTAL CLAMS D7 CFR L16(7)		s 20 a			7	X\$ 25 ·	1	-	X\$50 _	7200
INDEPENDENT CLAIMS					+	X100	 	OR		-
DE CEB F TELLOI	If the specifica	minus 3 • fication and drawings exceed 100			-		 	4	X200 .	
PPLICATION 5/2E sheets of paper, the application of the state of paper and the state of paper and the state of the state o			plication entity) fo fraction t	sizë fea due reach hereof, Sea		· · ·				
MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.16(II)						+180=		1	+360=	
"If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL	·	1	TOTAL	
CLAMS HIGH			olumn 2) SHEST IMBER VIOUSLY ID FOR	(Cotumn 3 PRESENT EXTRA	7	SMALL (ADDI- TIONAL	OR	OTHER SMALL RATE (3)	
Total Total Total Independent prora treps Application Size Fee	Minu		77	•) :	1	X\$ 25 .	FEE (\$)		X\$50	FEE (1)
Independent · /	Minu	1 -	?}	1.1	1	X100 _		OR	X200	·
Application Size Fee (37 CFR 1.16(a))					1		-	OR	200	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)						+180=		OR	+360=	
						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	lumn 1)		dumn 2)	(Column 3)					٠,٠	T
D RE	LAIMS AAINING FTER NOMENT	NUA PREVI	HEST NBER KOUSLY O FOR	PRESENT EXTRA	Ц	RATE (8)	ADDI- TIONAL		RATE (1)	ADDI- TIONAL
Total C	A (2		X)	•	1	X\$ 25 .	FEE (3)	-	X\$50 😓	FEE (5)
Total crown Lings Confidence of Confidence o	Minus		<u> </u>	-(1 t	X100	-	OR.	vann	
Application Size Fee (37 CFR 1.16(s))							A	OR '	1200)
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAM (D7 CFR 1.180)						+180=		8	+360=	
TOTAL OR COTAL ADOLFEE									TOTAL	
If the entry in column 1 If the "Highest Number If the "Highest Number The "Highest Number P collection of Information P	Previously Paid Fo Previously Paid For Teviously Paid For	r IN THIS "IN THIS : (Total or b	SPACE H	less than 20,	enter		e approprieta			

This collection of information is required by 67 CFR 1.16. The information is required to obtain to rotaling a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to completed including pethoring, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the emount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.